

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

Bu. Vou. No.

Page 1 of 1

U. S.

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

General Precision Laboratory

(Payee)

Pleasantville, N. Y.

(Address)

(City)

(State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	Invoice No.		Cost	Per	Dollars	Cts.
			25362				\$	53.63
			25363					107.26
			25364					53.63
			25403					214.52
			25404					36.27
			25419					35.21
			25423					100.08
			25420					35.21
			25424					4.26
			25425					62.46
			Use continuation sheet(s) if necessary					Cont.
Shipped from		to	Weight	Government B/L No.		Total		

PAYMENT:

Complete ☐

Partial ☐

Final ☐

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

Bu. Vou. No. _____

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

(Address)		(City)	(State)							
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT			
		Discount Terms	Invoice No. Cont.		Cost	Per	Dollars	Cts.		
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>			25426				\$	23.04		
			25427					56.58		
			25428					185.41		
			25432					152.58		
			25433					152.28		
			25437					74.38		
			25438					149.10		
			25439					46.08		
			25440					23.95		
			25441					93.39		
Use continuation sheet(s) if necessary							(Cont.)			
Shipped from		to	Weight	Government B/L No.		Total				

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. No.

Bu. Vou. No.

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

(Address)		(City)	(State)						
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT		
		Discount Terms	Invoice No. (Cont.)		Cost	Per	Dollars	Cts.	
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>			25442				\$	31.13	
			25443					70.29	
			25444					62.26	
			25445					31.13	
			3886 Cr.					(65.21)	
			3887 Cr.					(130.42)	
			3889 Cr.					(.08)	
			3890 Cr.					(65.21)	
			3891 Cr.					(260.84)	
			3892 Cr.					(1,239.28)	
		Use continuation sheet(s) if necessary						(Cont.)	
Shipped from		to	Weight	Government B/L No.		Total			

PAYMENT:

Complete ☐

Partial ☐

Final ☐

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms					
		Invoice No. (Cont.)					
		3893 Cr.				\$ (.61)
		3894 Cr.				(.56)
		3895 Cr.				(179.	19)
		3896 Cr.				(1.71)
		3899 Cr.				(1,263.	98)
		3900 Cr.				(1,216.	84)
		3901 Cr.				(2.84)

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary. **No Payment to be made for record only.**

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **-0-**

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

25X1A2g

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials) _____

Per _____ Title _____

Contract No. _____ Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

(Contracting Officer)

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

DOCUMENT NO. 5

NO CHANGE IN CLASS. ☐

☐ DECLASSIFIED

CLASS. CHANGED TO: TS D 202

NEXT REVIEW DATE: _____

AUTH: HR 70-2

DATE: 04/07/02 REVIEWER: 010956

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____